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REASSESSING WAR MAKING IN OUR POST 9/11 WORLD: PERSPECTIVES FROM MEDICINE AND PUBLIC HEALTH

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ABSTRACT:

Despite December's association with peace, military conflicts rage around the world. War making is a central element resulting from and contributing to the bleak status of global health, the environment, human rights and ultimately global survival. War is the ultimate form of terrorism and thus ultimately counter-productive to securing peace. To further the search for healthy, sustainable alternatives to war and terrorism, war-making's too often hidden or obscured costs to human and environmental health are reviewed. National priorities are reassessed from a risk/benefit approach utilizing prevention based, medical and public health analytic frameworks including occupational and environmental health, community and mental health and related opportunity costs. Both qualitative and quantitative data are reviewed. Effective, health supporting and ultimately more secure alternative national security policies derived from this broader health based assessment are proposed.

The December holidays are associated with hopes for peace as the U.S. wages war far away. Around the world at least 35 other military conflicts rage (1). Desperate pain and suffering abound with no end in sight. Too often unacknowledged, war making is a central element resulting from and contributing to the bleak status of global health, the environment, human rights and ultimately our survival (2). Nevertheless, most consider terrorism and the war on terrorism political issues best left to military and elected officials to address.

PARADOX AND FEAR

War is chaos, catastrophe, death, suffering and lifelong grief. War tears apart families and communities just as surely as it does the flesh of the wounded and killed. Military action contributes directly and indirectly to continuing cycles of violence, pain and conflict. Likewise, terrorism, killing innocent people to achieve a desired goal, is indefensible. The 9/11 attacks, suicide bombings in Israel, hostage taking by Chechen nationalists and related actions all demand response. There can be no peace for anyone without security for all.

Some analysts, like Jonathan Schell, assert that since national and international politics play out in the shadow of a potential nuclear holocaust, war is obsolete, a counter-productive means to achieve security, economic or political ends (3). Many agree with Howard Zinn, who stated "we have enough evidence now to tell us that [military action] does not stop terrorism, may indeed provoke more terrorism, and at the same time leads to the deaths of hundreds, even thousands, of innocent people who happen to live in the vicinity of suspected terrorists" (4). However, deprived of information and provided no viable alternatives, society as a whole has yet to concur that war making is unsupportable.

Even while we readily agree we should go to war only when it's absolutely unavoidable, war and militarism remain the primary tools used to confront and contain complex global challenges, especially terrorism.

To create peace, terrorism, militarism and the complex global situations that result in terrorism must be addressed from a new perspective. Health professionals, ethically motivated and trained to prevent suffering and promote physical and mental health, are ideally positioned to bring a humane, life-affirming understanding to the discussion of the violence of war, including this war on terrorism, its costs and consequences. Dr. Ian Maddocks of Australia recently asserted,

Terrorism is a global epidemic...an epidemic with discernible causes, expressing in violence a reaction to all forms of disadvantage or perceived hurt.... The roots of violence need our study, the expression of violence and its consequences need our analysis, and the search for alternative responses needs our advocacy (5).

To further the search for sustainable peaceful alternatives to war and terrorism, this paper reviews war-making's too often hidden or obscured costs to human and environmental health. National priorities are reassessed from a risk/benefit approach utilizing prevention based, medical and public health analytic frameworks including occupational and environmental health, community and mental health and related opportunity costs. Finally, effective peace making and ultimately more secure national policies derived from this broader health based assessment are proposed.

Considering the *Totality* of Costs: Militarism and the War on Terrorism. Military budgets and war preparedness require vast resources. Many feel that if peace and security can be achieved, this price is tolerable. But, we must ask, is the high price paid for militarism and war effective in achieving these goals? Putting costs of militarism into an historical frame helps the analysis, just as past medical histories inform and help interpret a patient's presenting condition and prognosis. Costs associated with preparing for, actually fighting and recovery from military action, and costs associated with the global nuclear arsenal and plans to restart nuclear weapons development, testing and deployment need to be included.

Since there is neither peace nor security without health and education, this analysis considers not only the costs directly related to wars, but the costs associated with war readiness in relation to the resources dedicated to genuine personal security like education, health, the environment and homeland security here in the U.S. and abroad. Thus, the stationing of U.S. troops in 135 countries, and the expansion and maintenance of the global arsenal of weapons and personnel, are likewise considered (6).

Finally, before beginning to *evaluate* the cost effectiveness, risks or benefits of war making, consideration must be given to how best to *calculate* these costs. Since they are tightly interrelated, costs can be measured quantitatively in dollars, in lives, in lost opportunities, in threats to the environment and to individual health, but also qualitatively including significant but often overlooked quality of life and community health concerns. Following is a synopsis of salient data from both broad categories.

(1) Economic Costs--In Dollars. Global military expenditures for 2003 were \$986 billion (7) with the U. S. accounting for 46 percent of *world* military spending. U.S. spending amounts to more than 38 times what the “so-called” ‘rogue’ countries (Cuba, Iran, Libya, North Korea, Sudan, Syria) spend combined (8). Military expenditures make up about 20 percent of total U.S. federal spending and more than half of the discretionary budget. To date, the war in Iraq has cost the U.S. \$151.1 billion in supplemental money over the amount budgeted annually for the military. The National Priorities Project estimates that \$50 billion in addition to the \$152.6 billion Congress has allocated so far will be needed for each year the U.S. remains in Iraq beyond 2004. The estimated long-term cost of this war to every U.S. household is \$3,415 even as the budget deficit is growing (9).

But that's not all. The *Atomic Audit*, a four-year long study to uncover and analyze funds required to develop the vast U.S. nuclear arsenal, concludes that a *minimum* of \$5.5 trillion was spent (10). When costs for storing and disposing more than five decades' worth of accumulated toxic and radioactive wastes, and \$20 billion for dismantling old nuclear weapons systems and disposing of surplus nuclear materials are factored in, the total is \$5.8 trillion. Divided equally among everyone living in the United States today, this equals more than \$21,000 per person. This does not include the cost of proposed programs to build, test and deploy new nuclear weapons or the \$10.7 billion in the 2005 budget for the ballistic missile defense program.

Comparable figures for the other nuclear states - Russia, Pakistan, India, Israel, China, U.K. and France - are not available. It can only be assumed the cost to their economies given the size and sophistication of their arsenal is equally substantial in relative terms.

(2) Human Costs--In Lives. Overall, 90 percent of deaths in modern wars are civilian (11). Despite use of so-called precision weapons, the recent wars in Iraq and Afghanistan are no exception. At the time of this writing, more than 1,300 coalition forces have died with more than 7,500 wounded in Iraq (12). A *Lancet* study using cluster sampling estimates that as many as 100,000 excess civilian deaths, mainly women and children, may have occurred in Iraq alone since the start of the war in March 2003 (13). While exact numbers for Afghanistan, Sudan or any of the many other conflicts around the world are difficult to determine, clearly thousands more civilians die as a result of violent conflicts each week (14). Globally, war-related injuries rank sixth among premature death in the group 15-44 years (15).

To these terrible tolls must be added the hundreds of thousands of children and non-combatants who die from malnutrition, exposure, land mines, interpersonal violence and communicable diseases all of which increase when civil society and physical infrastructures are shattered by war and violence. For each conflict-related injury and death, regardless if the person was a military person or civilian, an unknowable number of friends and families are physically and emotionally traumatized far into the future.

(3) Indirect Costs--In Lost Opportunities. Global patterns suggest wars are counterproductive in solving problems. Afghanistan, African, Asian and Central European countries each demonstrate how many of the poorest countries become locked in tragic, vicious cycles. Conflict causes poverty and poverty causes conflict. According to World

Bank estimates, "on average, countries coming out of war face a 44 percent chance of relapsing in the first five years of peace" (16).

The U.S. is the richest, most powerful nation in history, yet it does not adequately feed, educate or provide homes or health care for its own citizens. Among the industrialized countries of the world, the U.S. ranks last for indicators of public health (17). The 2003 poverty rate for U.S. families was 12.5 percent; of all children in this country, 17.6 percent live in poverty (18). Of all Americans, 15.6 percent or 45 million are without health insurance; and nearly 50 percent of personal bankruptcies have a health care debt component (19, 20). Almost 12 percent of U.S. households experienced food insecurity at some point during 2002 meaning that more than 34 million people, 13 million of whom are children, do not have access to enough food for "active, healthy living" (21).

Around the world, approximately 24,000 people die daily from hunger, 75 percent of whom are children under age five. According to the Hunger website, "Famine and wars cause about 10 percent of hunger deaths" (22). Money slated for the ballistic missile defense program in FY2005 alone, which could provide health care for over 2.4 million Americans, will instead be used to support a program that most experts, even those in the military, claim cannot work (23). Ironically, it can be argued, one result of excessive military spending has been to neglect homeland security. The \$474 billion budgeted for the military in fiscal year 2005, for example, "amounts to seven times the amount spent on homeland and all other non-military security combined" (24). These skewed budget priorities persist even though many experts report "over 18,000 potential terrorists are at large with recruitment accelerating on account of Iraq" (25).

(4) Costs--In threats to the environment. Repeated attacks on pipelines in Iraq release immense plumes of toxins. Tens of thousands of bombs containing a toxic mix of heavy metals, including depleted uranium (DU), continue to be exploded and strewn across the Iraqi landscape apparently without an understanding of the long-term impact on soil, water and public health.

While pondering the environmental and health threats from DU dispersed widely in Iraq, Afghanistan and Eastern Europe, we cannot ignore the impacts on our own environment from military sources. The U.S. military is the largest generator of hazardous wastes in the U.S. and the world (26). To date, the poisonous stew created by nuclear and conventional weapons development, testing and deployment has only been partially cleaned up. The environmental impacts and health effects have yet to be fully investigated or remediated for any of the following: soil and water contamination surrounding the sites of uranium mining and milling, heavy metal contamination near nuclear weapons and power plants, the atmospheric testing of nuclear weapons, or toxic waste including 104 million cubic meters of radioactive waste (27).

(5) Costs--In threats to our health. The unending legacy of the cold war. Weapons building and testing from the 1950s to the late 1980s continue to affect us today. During that period there were more than 300 nuclear weapons development facilities in 37 states (28), and many thousands of sites contaminated by the hazardous long-lived by-products of munitions development and testing of all types, including biological and chemical (29). According to the EPA and others, these sites and toxins will require many decades and hundreds of billions of dollars to clean up (30).

If we worry about dirty bombs, we cannot overlook the fact that our own military essentially exploded many dirty bombs over Rocky Flats, Colorado; Hanford, Washington; Savannah River, South Carolina; Ames, Iowa; Paducah, Kentucky; and many other sites where locally high rates of breast cancers, lymphomas, leukemias and other health concerns are attributed to environmental contamination due to weapons production activities in the area. According to a National Cancer Institute study published in 1997, the median estimate of thyroid cancers due to atmospheric testing of Nuclear Weapons in Nevada is 50,000 (31). There are no certain answers about excess breast, prostate and many other cancers likely due to weapons testing and/or related environmental spills and contamination. This contamination is simply too pervasive and too complex; our ability to monitor and evaluate exposures and outcomes is inadequate to the task.

Other questions remain concerning the impact on or costs to the health of several distinct demographic groups. At the peak of the cold war more than 600,000 workers were involved in producing nuclear weapons (32). For most of those who have died, their exposure and health outcome records remain classified. Others of the aging former weapons factory workers, their families, and offspring, are still seeking compensation for a wide variety of ills.

Just as the fate and health of families and workers exposed to contamination remains hidden from public knowledge, so too does the fate and health of the indigenous peoples involved at every stage of weapons development. Native Americans, Australian Aborigines, South Pacific peoples including the Marshallese Bikini Islanders, the people of Rongelap, and those now living in extreme poverty and squalor on Ebeye Island, Kwajalein atoll and many others have all been adversely impacted by mining and milling for uranium, weapons testing, toxic waste disposal and related military activities (33). Again, while anecdotal reports are available (34), definitive evaluations of their health status have yet to be conducted.

Finally, most of us are vaguely aware of the controversies over the health of the Utah "down winders." Few are aware, however, that much of the U.S. was down wind (35). Fewer still are aware of the nature of the secret studies on the health of at least 23,000 civilians and prisoners deliberately exposed to radioactive materials here in the U.S. during the cold war (36). The very nature of the Machiavellian logic and secrecy surrounding weapons development and war planning invites egregious abuses.

The current situation close to home. War is perilous not only for those polluted, injured or killed. Mental, physical and public health challenges occur before and last long after military conflict. Focus on quantifiable elements in armed conflict tends to minimize the larger social health impacts of lives lost and futures threatened. Indirect effects of preparing for and/or experiencing violence are complex, pervasive and inherently unhealthy for the friends, relatives, survivors and societies from both sides of any given conflict.

Those impaired by violence show up in physicians' and psychiatrists' offices, in homeless shelters, on the streets or remain only marginally functional in workplaces, neighborhoods or families years after conflict is concluded. When designing programs to prevent or ameliorate the pain and suffering of domestic violence, or violence in inner

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cities, alcoholism or homelessness, the role of military conflict cannot be overlooked (37).

Domestic violence, pervasive around the world, is a social ill known to destroy families and scar children. Its causes are complex. However, military families and communities in conflict experience levels of domestic violence higher than the rest of society (38, 39). Even though military leaders assert that soldiers and civilians alike need to teach their children, wives and co-workers there is no excuse for anyone to hit them, the situation within the military itself demonstrates the difficulties in separating when and where it is right to use violence. Training emphasizes what to do in situations of battle, but the line separating the soldier from the lover or family member is too easily crossed, especially for those who join the military with pre-existing emotional problems or immaturity. The recorded rate is only part of the total. Military and civilian police note, "even in severe cases, victims often refuse to press charges because they fear retaliation by the offender and they fear repercussions by the chain of command" (40). Paradoxically, domestic violence ultimately affects military readiness (41).

Many current and former female cadets at the United States Air Force Academy have reported on the academy's mistreatment of women raped or sexually assaulted by male cadets. A 1994 report by the investigative arm of Congress, the GAO, found that 78 percent of the 90 female cadets at the Air Force academy reported either sexual assaults or unwanted sexual advances (42).

A disproportionate number of active duty U.S. military personnel, reservists and National Guard troops posted around the world, come from impoverished, minority communities (43). Young recruits spend their most important developing years learning to fight instead of continuing their education. For recruits from minority communities, leaving for military duty too often means personal needs and goals and those of their families and home communities remain unrealized which ultimately further impoverishes these communities.

Homeless people, essentially dying in public view, crowd inner city streets. Veterans comprise one third of the adults in this population. Many of them suffer from Post Traumatic Stress Disorder (PTSD). As many as 250,000 veterans are living on the streets or in shelters on any given day, and up to twice as many experience homelessness at some point during the course of a year because of poverty, chronic mental illness, and lack of support from family and friends (44). Depending on the city, up to 59 percent of homeless veterans come from minority populations (45).

Studies show the likelihood of a veteran developing chronic PTSD depends on pre-military and post military factors in addition to trauma itself. Pre-military factors include negative environmental circumstances in childhood, economic deprivation, family psychiatric history, age of entry into the military, pre-military educational attainment and personality characteristics. Post-military factors include social support and the veteran's coping skills. Thus, three populations comprising a large proportion of our military are at risk for problems well beyond the immediate impact of service in war-zones: women whose war experiences are complicated by sexual assault and harassment; ethnic minorities whose pre-military, military, and post military experience is affected by poverty and racism; and those with war related physical disabilities, whose PTSD and medical prob-

lems often exacerbate each other (46).

Walking in the Eye of the Perfect Storm. There is one other factor of enormous importance to our current unsupportable military status: the new U.S. policies regarding nuclear weapons. The tragedy of 9/11 gave impetus to a new policy known as the Nuclear Posture Review (NPR) or Bush Doctrine of Dec. 31, 2001 (47). The NPR asserts three radical national security positions that unravel almost 60 years of international efforts to make our world healthier and more peaceful. For the first time in our modern history, unilateralism, first strike, and plans to make and threats to use new nuclear weapons are all endorsed.

Unilateralism, rather than cooperative diplomacy, means the U.S. can and will go it alone, even if it means preventive war, or first strike, attacking *them* before they can attack us. Reliance on very blunt military instruments, including the use of nuclear weapons even against non-nuclear states, instead of cooperation and international law is particularly ominous. Instead of making us safer, these major policy reversals have turned a war on terrorism into a global focus of anti-Americanism. Initiated to eliminate others' alleged weapons of mass destruction, the war on terror has instead unleashed other older forms of WMDs including hunger, disease, fear, anger and hatred, and thus has helped recruit a new generation of terrorists. Unchecked power not only promotes terrorism, it pushes threatened nations like Iran and North Korea toward defensive escalation and increased efforts to build nuclear weapons.

CONCLUSIONS

War itself is the most extreme form of terrorism; thus a war on terrorism is profoundly self-contradictory and contributes to an unending cycle of violence and conflict. Prioritizing military solutions in response to complex global challenges is not only ineffective and counter productive, it actually creates and exacerbates problems for health, the environment and our collective well-being. The military response to the 9/11 attack has created unsupportable costs that make the United States, and the world, far less safe.

There are no simple answers, no clear road maps to peace except knowing we can never achieve peace, health or security if we continue preparing for, threatening or conducting war. When the unsustainable costs of our current approach to national security and the threats to our common humanity, health and very existence are all considered, clearly we have no other option but to call for an end to status quo thinking. We must redirect our vast intellectual and physical resources to developing healthier, more humane and ultimately less costly means to bring about global security. Health care providers are ethically motivated, socially engaged professionals trained to think preventively. They are uniquely situated to help articulate alternative responses to the challenges of modern day terrorism.

The Physicians for Social Responsibility (PSR) alternative national security policy, called SMART Security, is one such alternative approach (48). SMART proposes (1) fully supporting international treaties and international law, including the International Criminal Court, to help prevent the spread of nuclear, chemical and biological weapons; (2) reducing the threat of nuclear and other weapons of mass destruction by securing and destroying existing stockpiles and renouncing new nuclear weapons, resorting to pre-

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emption only as a last resort under threat of imminent and overwhelming danger; and (3) using diplomacy and humanitarian assistance to address the root causes of terrorism. Such an approach is smarter, far less costly and far more likely to bring greater national security than the current policy.

We can begin to respond to the global crisis of human security by supporting the right of all people to live in peace and turning our energies to guaranteeing basic rights to food, health care, education and a healthy environment for all. The terrorism of September 11th has been neither neutralized nor ended by the terrorism of war. We must seek and promote peaceful alternatives - it is our only healthy and secure option.

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